

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 13, 2004.

I. DISPUTE

Whether there should be reimbursement for CPT codes 28870 and 99213 for dates of service April 9, 2003 through June 27, 2003.

II. FINDINGS

Per §133.307(d) dates of service October 25, 2002 is outside 365-day filing deadline and outside the jurisdiction of Medical Review, Dispute Resolution and cannot be reviewed.

III. RATIONALE

The treating doctor's representative was contacted and it was revealed that the injured worker has not paid for the disputed dates of service. Per §133.307(m)(2) the injured worker has not paid for medical services listed on the table of disputed services and therefore is not a proper party to the dispute. The respondent has also filed a TWCC-21 denying the extent of injury to the left knee. A review of the database entries reveals that the injured worker has requested a Benefit Review Conference (BRC) and a continuance of the BRC was requested on January 21, 2004 for the causal connection on the extent issue.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT codes 28870 and 99213.

The above Findings and Decision are hereby issued this 22nd day of January 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf